

**Town of Port Royal
Park/Sands Reservation Application
P.O. Drawer 9
Port Royal, SC 29935
843 986-2211**

Date of Application: ___/___/___

Date of Event: ___/___/___

Time of Event: _____ until _____

Name or Description of Event: _____

Venue(s) Check all that apply

- | | | |
|--|--|--|
| <input type="checkbox"/> Live Oaks Park | <input type="checkbox"/> Amphitheater | <input type="checkbox"/> The Sands |
| <input type="checkbox"/> Naval Heritage Park | <input type="checkbox"/> Cassablanca Park/
John Parker Park | <input type="checkbox"/> The Boardwalk |
| <input type="checkbox"/> Other | | |

Name and Address of Renter: _____

Phone Number and E-mail _____

Deposit Paid By/Refunded To: _____

IS THE EVENT OPEN TO THE PUBLIC?	Y	N
WILL ADMISSION BE CHARGED OR DONATIONS ACCEPTED?	Y	N
WILL ALCOHOLIC BEVERAGES BE SERVED? (If yes, check, with South Carolina ABC for Permit Requirements)	Y	N
WILL FOOD AND BEVERAGES BE SOLD? (If yes, Check with Health Department for Permit Requirements)	Y	N

Deposits and Fees:	Park/Sands Deposit: \$50.00 (Non-residents)	\$ 15.00
	Park/Sands Deposit: \$50.00 (Resident)	\$ -

DO YOU EXPECT OVER 100 PEOPLE TO ATTEND? (If yes, Security must be provided)	Y	N
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Contact: Capt. Massey for 100 plus and or Alcohol License.

Signature of Lessee

Date